

CERTIFICATE OF DEATH

copy

BIRTH NO. *04*

1. PLACE OF DEATH
A. COUNTY *Gila*

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)
A. STATE *Arizona* B. COUNTY *Gila*

3. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)
CITY OR TOWN *Miami*

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA
4 8 yr *4 8 yr*

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
1020 Cedar

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)
1020 Cedar

REGISTRAR'S NO. *51*

3. NAME OF DECEASED
A. (FIRST) *William* B. (MIDDLE) *Edison* C. (LAST) *Owens*

4. SEX *Male* 5. COLOR OR RACE *White*

6. MARRIED (TYPE OR PRINT)
 NEVER MARRIED WIDOWED DIVORCED

7. DATE OF BIRTH
MONTH *Aug* DAY *6* YEAR *1875*

B. AGE
YEARS *76* MONTHS *3* DAYS *11*

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED)
Washman

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
no *no*

13. SOCIAL SECURITY NO.

9B. KIND OF BUSINESS OR INDUSTRY
paper mill

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Alabama

11. CITIZEN OF WHAT COUNTRY?
U.S.

14A. FATHER'S NAME
William E. Owens

14B. BIRTHPLACE (STATE OR COUNTRY)
Unknown

15A. MOTHER'S MAIDEN NAME
Unknown

15B. BIRTHPLACE (STATE OR COUNTRY)
Unknown

16. INFORMANT'S SIGNATURE
Lawrence Franco

ADDRESS
1020 Cedar

17. DATE OF DEATH
(MONTH) *Nov.* (DAY) *17* (YEAR) *1951*

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) *Carcinoma of intestinal tract*

INTERVAL BETWEEN ONSET AND DEATH
1 year

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH
Rheumatoid Arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION
Rheumatoid Arthritis

20. AUTOPSY?
YES NO

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM *June 4, 1951* TO *Nov 16, 1951*. THAT I LAST SAW THE DECEASED ALIVE ON *Sept 30, 1951*, AND THAT DEATH OCCURRED AT *7:45 A.M.* FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE
Dr. C. Collopy

(DEGREE OR TITLE)
M.D.

23B. ADDRESS
Ball's Miami

23C. DATE SIGNED
11-19-51

24A. BURIAL CREMATION REMOVAL

24B. DATE
Nov 19, 1951

24C. NAME OF CEMETERY OR CREMATORY
Pinal Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Miami, Arizona

25A. DATE REC'D BY LOCAL REG
NOV 24 1951

25B. REGISTRAR'S SIGNATURE
Alton D. Brayton

26. FUNERAL DIRECTOR'S SIGNATURE
H. J. Mc...

ADDRESS
Miami, Arizona

27. EMPALMER'S SIGNATURE
H. J. Mc...

CERT. NO.
2498

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